

(1) PLACE OF BIRTH

County of Sickens
Township of Sickens
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

2201

Registration District No. 3786 Registered No. 10.....
(For use of Local Registrar)

(No. St.; Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(8) BOY OR GIRL girl (9) Twin or Triplet? To be answered only in event of Twins or Triplets (10) Number in order of birth (11) Are Parents Married? yes (12) DATE OF BIRTH Jan 13, 22
(Specify Month) (Day) (Year)

FATHER
(13) FULL NAME Claude C. Thomas
(14) PRESENT POSTOFFICE OF FATHER Sickens, S.C.
(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 38
(17) BIRTHPLACE Sickens Co
(18) OCCUPATION Farmer
(19) Number of children born to mother, including present birth 4

MOTHER
(20) NAME BEFORE MARRIAGE Minnie Chastain
(21) PRESENT POSTOFFICE OF MOTHER Sickens, S.C.
(22) COLOR OR RACE white (23) AGE AT LAST BIRTHDAY 37
(24) BIRTHPLACE Sickens Co
(25) OCCUPATION Housewife
(26) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child who was Born alive at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or A.M.)

(28) (Signature) J. H. Vallejo, M.D. (29) (Signature) F. L. ...
(30) State whether Physician or Midwife (31) Address of Physician or Midwife

Given name added from a supplemental report
.....
.....
..... 19

(32) Witnesses (Signature of Witness necessary only when question 33 is signed by mark) 4 S. Foster
(33) Filed 19 (34) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MACAW OF COLUMBIA, COLUMBIA, S. C.
IN CASE OF TWINS OR TRIPLETS, GIVE NAMES OF EACH CHILD, AND MARK THE PRINTED BOXES IN THIS CASE. IN CASE OF TWINS, GIVE THE ORDER OF BIRTH. IN CASE OF TRIPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF QUADRUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF QUINTUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF SEXTUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF SEPTUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF OCTUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF NONUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF DECUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF UNDECUPLETS, GIVE THE ORDER OF BIRTH. IN CASE OF DUODECUPLETS, GIVE THE ORDER OF BIRTH.